

2012-2013 Annual Report



Interlake-Eastern
Regional Health Authority

Revised October 9, 2013

Our Vision

Connecting people and communities to excellent health services — Today and Tomorrow

Our Mission

In partnership with our communities and through a culture of quality customer service, we are dedicated to delivering health services in a timely, reliable and accessible manner. We achieve our success through an engaged and empowered staff.

Our Values

Collaboration

We will maintain the highest degree of integrity, accountability and transparency with our communities, health partners and our staff.

Accessibility

We will ensure timely and reasonable access to appropriate health programs and services.

Respect

We are committed to a health care environment that treats all clients, patients, staff and communities with compassion, empathy and understanding.

Excellence

We are committed to excellence in all of our programs, services, and initiatives built on a foundation of client, patient and staff safety.

Innovation

We will lead based on best practice evidence and have the courage to address challenges with honesty and creativity.

Quality Customer Service

We will cultivate and support a culture of quality customer service committed to providing a positive experience for clients, patients, staff and other stakeholders.



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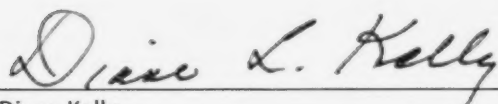
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Letter of Accountability

We have the honour to present the annual report for the Interlake-Eastern Regional Health Authority, for the fiscal year ended March 31, 2013.

This annual report was prepared under the Board's direction, in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material including economic and fiscal implications known as of September 30, 2013, have been considered in preparing the annual report. The Board has approved this report.

Respectfully Submitted on Behalf of
Interlake-Eastern Regional Health Authority

A handwritten signature in cursive script, reading "Diane L. Kelly", is written over a horizontal line.

Diane Kelly
Chair
Interlake-Eastern Board of Directors

Regional Overview

Interlake-Eastern Regional Health Authority (RHA) plans and delivers the region's health care services through an accredited and integrated network of community based and health care facility based programs and services. With an area of 61,000 square kilometres, the region extends east to the Ontario border, north to the 53rd parallel, west to the eastern shores of Lake Manitoba and south to Winnipeg's north perimeter dipping down just past Winnipeg to slightly below the Trans-Canada Highway eastwards to Ontario.

Within the context of provincial policy direction, the Interlake-Eastern RHA assesses and prioritizes health services based on information collected within the region. A region wide focus is community based service delivery emphasizing health and wellness. Collaboration with community groups and a sustained commitment to integrated and accessible health care services are key contributors to the achievement of strategic priorities within the Interlake-Eastern RHA.

Just over 122,000 people live in the Interlake-Eastern RHA with Aboriginal populations comprising 22 per cent of the regions' residents. The Interlake-Eastern RHA encompasses 17 First Nation communities and 24 Métis communities.

Maintaining mental and physical health, with chronic disease management, are priorities



within primary health care and wellness programs. The Interlake-Eastern RHA is cottage country for Manitobans. The region's wealth of natural resources and their extraction/harvest is a focus of economic activity in the eastern RHA. In the western part of the RHA, agriculture is the predominant economic driver.

The region is characterized by a population with diverse cultures and broad economic disparity requiring a variety of health services.

- The region is particularly attractive to retirees. The portion of population represented by people over age 65 experienced the greatest increase in population.

- An influx of summer vacationers and cottage owners from Victoria Day through Labour Day and up to the October Thanksgiving weekend doubles or triples populations within certain areas of the region. The attraction of tourism and recreational activities, while a significant economic driver in the region, has a direct impact on the demand for health care services.
- The communities of St. Georges in the east and St. Laurent in the west have primarily French speaking residents and have been designated as French Language Service communities, necessitating the need to offer bilingual health service.
- Some First Nation communities located in the northern part of the region are accessible only by air, water or a winter road system. These communities generally have a younger, sparser population, with poorer health status, lower life expectancy, higher premature mortality and injury rate compared to more southern communities.
- Communities near Winnipeg's perimeter experience heavy daily traffic flows on roadways to and from the city and represent the highest volume of Emergency Medical Service calls in Manitoba outside the city of Winnipeg. Many of these communities are experiencing population growth above the provincial average.
- Mental health / illness issues such as depression, stress and isolation are ongoing areas of concerns.
- Diabetes and hypertension have increased in both younger and older populations.
- Obesity is a commonly identified risk factor.

Board Governance



Back (left to right): John Stinson (CEO), Steve Day, Andrea Gaffray, Don Pepe, Oral Johnston, Dave Cain, Harold Slaby, Ulrich Wendt. **Front**: Donna Rudyk, Therese Conroy, Denis Fitzpatrick (Vice-Chair), Faye Goranson, Gisele Wilson (Board Secretary), Diane Kelly (Chair), Cynthia Hart, Muriel Alexander. **Missing**: Murray Craddock

Board of Directors

Diane Kelly, Chair
 Denis Fitzpatrick, Vice-Chair
 Muriel Alexander
 Dave Cain
 Therese Conroy

Murray Craddock^o
 Steve Day
 Andrea Gaffray
 Faye Goranson
 Cynthia Hart

Oral Johnston
 Don Pepe
 Donna Rudyk
 Harold Slaby
 Ulrich Wendt

^odeceased 2013

Important activities and decisions

Upon appointment by the minister, directors created the structure and identified the processes within which the Board of the newly created Interlake-Eastern RHA would operate. This includes electing the secretary and treasurer to the Executive Committee and electing to the standing committees of Policy and Planning, Finance, Audit and Quality and Patient Safety. Directors also identified and adopted bylaws and policies once approved by the minister.

Directors crafted the new region's vision, mission and values. They sought and incorporated staff feedback on these tenets for the organization. The 2013-2016 Strategic Plan was developed and shared with staff and the public. This plan used Manitoba Health's priorities and goals as its basis for guidance in addition to the needs in the region. The region's health plan was submitted for Provincial review and is integrated into the region's strategic plan.

The Board of Directors chose to retain the name of Interlake-Eastern RHA that the Province initially attributed. For the region's

graphic design, directors chose to merge elements from the corporate identities of the previous two regions.



There are two crescent shapes in our logo that represent two responsibilities for health care – the responsibility of individuals and communities and the responsibility of the RHA. When the two crescents merge, they create a whole person, in recognition that our care of people's health is the foundation of the work we do at the Interlake-Eastern RHA.

Major consultations

Representatives of the Board participated in each of the five Local Health Involvement Group community meetings in Ashern, Beausejour, Gimli, Lac du Bonnet and Selkirk. The Board heard feedback on these meetings from individual directors as well as the summary provided by the Province.

The Board of Directors also directed the CEO to establish and/or renew relationships with regional local government stakeholders and community-based palliative care groups. The result so far is the implementation of three active community health partnerships and an evolution of palliative care service delivery on the western side of Lake Winnipeg.

Membership of the East Area Health Partnership Committee chaired by the Mayor of the Local Government District of Pinawa is comprised of representatives from the rural municipality councils of Springfield, Reynolds, Whitemouth, Brokenhead, Lac du Bonnet and Alexander, the towns of Lac du Bonnet and Beausejour as well as the RHA CEO, Vice President of Medical Services and the Regional Physician Recruitment Officer. The Interlake-Eastern RHA CEO also meets with the Winnipeg River Health Advisory Committee that is comprised of local citizens and rural municipality representatives. This committee discusses issues and provides

planning input. The CEO and, as required, members of the RHA senior leadership team meet regularly with the Teulon Hunter Memorial Hospital Foundation to jointly address health challenges in the Teulon area and they also meet with the Arborg-Bifrost Community Development Corporation to jointly plan health programming and address health service challenges.

The four community-based palliative care organizations operating on the west side of Lake Winnipeg have renewed their partnerships with the RHA and have refocused their efforts to fundraising for specific palliative care program needs as well as volunteer recruitment and retention. In turn the RHA has integrated its palliative care program within the home care program and created a new regional volunteer coordinator position and a palliative care psychosocial specialist position to complement the existing positions of East and West palliative care nursing specialists.

Board assurances

Health plan implemented

Every month the Board receives a comprehensive CEO narrative that outlines activities occurring within the CEO's mandate as well as every program area. Vice presidents routinely attend Board

meetings to respond to questions or elaborate on projects as requested by the Board. In addition, upon request or permission, the Board receives presentations from staff regarding specific programs and services to provide more in-depth Board understanding of these programs and services and to enhance overall Board understanding of RHA operations.

Funds Allocated Properly

Two subcommittees of the Board, the Finance Committee and the Audit Committee, report on the RHA's financial status and make recommendations to the Board as required. The Finance Committee meets at least 10 times a year for in-depth reviews of the RHA's financial status. This committee also reviews budgets prepared by management and recommends budgets for approval by the Board. The Finance Committee is complemented with an Audit Committee that identifies external auditors for Board approval and together with the Finance Committee reviews the results of the annual external audit. The Audit Committee is also responsible for obtaining reasonable assurance that the Interlake-Eastern RHA has complied with laws, regulations and policies related to financial reporting and has established appropriate internal control processes. The RHA's vice president of finance and chief financial officer regularly attends both committee meetings, and Board meetings to provide the Board with an overview of the financial status and clarification on related issues.

Maintaining systems of control and legislative compliance

On a quarterly basis, the region's quality and risk program manager provides the

Board with a dashboard report highlighting identified concerns, work being done to address issues as well as work done to proactively manage risk. This program area also oversees and reports on the RHA's ongoing improvement processes, adherence to accreditation standards and preparations for accreditation surveys.

The Board Quality and Patient Safety Committee is treated as a 'Committee of the Whole' and meets immediately prior to RHA Board meetings with standing items including quarterly quality & risk scorecard presentations from staff, as well as regular patient safety reports that highlight key examples and sustained progress in addressing patient safety issues across program and service areas as well as non-nominal reviews of critical incidents, near misses and good saves.

Process of evaluation for Board performance

The Policy and Planning Committee that oversees Board governance has established a set of measurable standards against which the function and process of the Board can be evaluated. Among these is an annual self-evaluation where Board members evaluate themselves against the board job description as defined by policy. The chair distributes a report to the Board outlining the results of the self-evaluation. The Board discusses and interprets the outcome of the self-evaluation and formulates a work plan to highlight specific goals and objectives for improvement of identified areas. The Board regularly monitors adherence to its own governance process policies. Upon the decision of the Board, any policy may be monitored at any time.



Interlake-Eastern
Regional Health Authority

OUR VALUES...

**COLLABORATION, ACCESSIBILITY, RESPECT, EXCELLENCE,
INNOVATION, and QUALITY CUSTOMER SERVICE**

OUR VISION

*Connecting people
and communities
to excellent health
services - Today
and Tomorrow*

OUR MISSION

*In Partnership with our
communities and
through a culture of
quality customer
service, we are
dedicated to delivering
health services in a
timely, reliable and
accessible manner. We
achieve our success
through an engaged
and empowered staff.*

Manitoba Health Priorities and Goals...

Capacity Building, Health System Innovation, Health System Sustainability, Improved Access to Care, Improved Service Delivery
Improved Health Status & Reducing Health Disparities Amongst Manitobans

OUR STRATEGIC FOCUS

Building for Tomorrow

*Innovation, Learning
and Growth*

Keeping it Going

*Expanding
Opportunities*

*The Best We Can Be
Getting Better, Staying
Healthy*

Building for Tomorrow: We are committed to making the most of our human and financial resources to ensure that we are in the best position possible to serve our communities today and into the future. All decisions are based on evidence, ethics and efficiency.

Innovation, Learning and Growth: We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships.

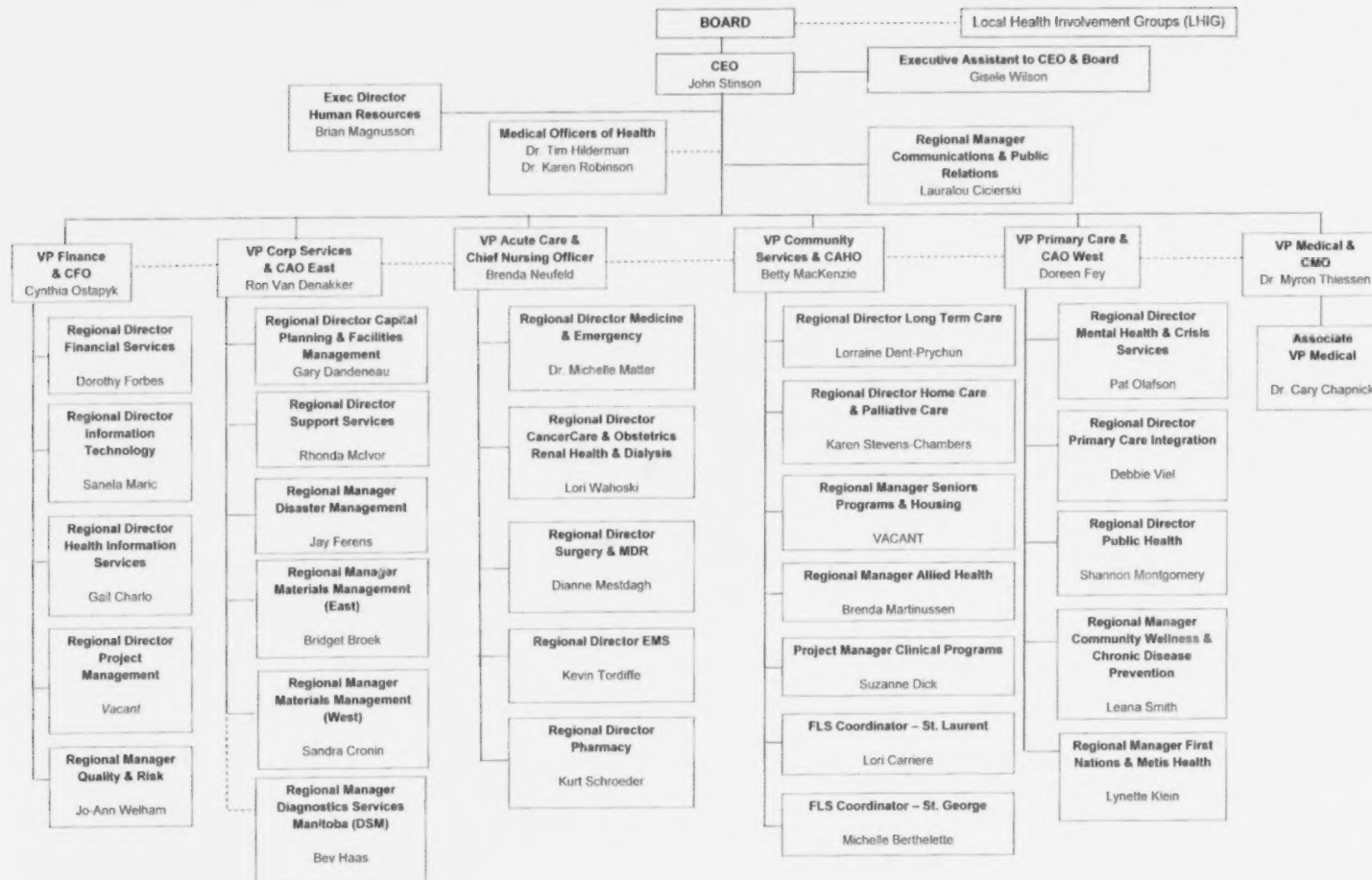
Keeping It Going: We will meet the needs of our clients and patients by sustaining our current levels of care and service delivery. We will choose wisely, have the courage to address challenges, focus on our priorities and take action to provide the best care possible.

Expanding Opportunities: We welcome all people we serve with approachable, accessible and appropriate care and services by providing the right care, in the right place, and at the right time. We want to contribute to the vibrancy and health of the communities we serve.

The Best We Can Be: Each healthcare experience is as unique as the person being cared for. We will deliver quality and safe care by doing it right and doing it well through a person-centered experience. We will be accountable for using human and financial resources wisely.

Getting Better, Staying Healthy: Challenges related to education, income, culture, and social factors can make it harder to stay healthy. It is important to us to work with everyone to improve their health. We plan to do this through strong partnerships and by working together to find new ways to improve the health and well-being of everyone we serve. We will create a legacy of health and wellness for generations to come.

Organizational and Advisory Structure



Organizational Structure

A Board of 15 directors appointed by the Minister governs the region. The Board is comprised of five standing committees that provide informed guidance on Board decisions. These committees represent all or part of the Board complement and include: Executive, Finance, Policy & Planning, Audit and Quality & Patient Safety.

This Board is advised by the CEO who defined the region's senior leadership structure and who helped shape the operational structure in conjunction with the team of vice presidents. Over the past year, the region's structure solidified as working arrangements were modified to reflect the merging of the RHAs. Interlake-Eastern RHA's structure was based on ensuring individuals were directly responsible for activities of key importance provincially and regionally. The region is structured to encourage program integration to ensure seamless program delivery and support for staff and clients moving among available service delivery options. In fact, a key aspect of the Interlake-Eastern RHA operational structure is its leadership emphasis in the area of program and service delivery rather than corporate function. The Board and CEO made a conscious decision to create a structure that builds a strong foundation for client and patient services with

fewer senior administrative resources directed toward corporate services. This is demonstrated by the Interlake-Eastern RHA being the only RHA with a vice president of primary care and by the RHA's deliberate decision to place human resource leadership in the hands of an executive director reporting directly to the CEO rather than a vice president of HR. Additionally, the Interlake-Eastern RHA has woven quality, risk and patient safety into the fabric of the Board's responsibilities as well as senior management's responsibilities through the Board quality and patient safety 'Committee of the Whole' and through the administrative placement of the regional quality, risk and patient safety program within the vice president of finance-CFO purview. Where necessary, given the region's size, dual reporting based on a division of responsibilities for the eastern and western part of the region has been established. For the most part, preference has been given towards region wide program focus. When established, Local Health Involvement Groups, representing the voice of the region's residents, are identified as communicating directly with the Board of Directors.

At ministerial request, two positions were removed from the organizational chart in the past year. These include the executive-director of quality, risk & innovation and the human resources executive-director labor

relations lead. These positions were absorbed into the positions of regional manager of quality and risk, and executive-director of human resources respectively.



Winnipeg River Health Advisory Committee

Advisory Structure

Community Feedback

The CEO liaises regularly with community healthcare committees. These meetings inform the Board of community interests. Committees include the East Area Health Committee (includes elected representatives from Pinawa, Beausejour, Lac du Bonnet and the RMs of Brokenhead, Reynolds, Springfield and Lac du Bonnet), the Winnipeg River Health Advisory Committee and the Arborg-Bifrost Community Development Corporation. In addition, the CEO has met with RM and town councils and First Nations communities to discuss healthcare. Discussions have also taken place with individual elected or nonelected community members who have

asked for opportunity to speak with the CEO either in person or via phone.

Minutes from Board meetings are distributed to all RMs and town councils within the region as well as First Nation communities and media. Minutes are also posted online. When warranted, the CEO also communicates major initiatives and advancements in regional activities to these audiences along with an open invitation for further discussion.

Staff Input

Upon request or with permission, RHA staff members appear before the Board to present major initiatives that require the Board's understanding and support.



Arborg-Bifrost Community Development Corporation

Achievements and Accomplishments

In our 2013-2016 strategic plan, we outline six areas of strategic focus that dovetail with the Provincial health system's priorities and goals and that support our mission of *Connecting people and communities to excellent health services – Today and Tomorrow*.

1. *Building Today for Tomorrow*

Dovetails with CAPACITY BUILDING in Provincial priorities and goals

Contributes to our MISSION of delivering health services in a timely, reliable and accessible manner – achieved through an engaged and empowered staff.

We are committed to making the most of our human and financial resources to ensure that we are in the best position possible to serve our communities today and into the future. All decisions are based on evidence, ethics and efficiency.

Areas of strategic focus include planned operations to ensure a healthy and sufficient workforce now and into the future.

We will connect all of our programs and services so we can serve our clients and patients seamlessly and to the best of our capabilities.

Developing and sustaining a comprehensive human resources plan will ensure our organization is ready to meet client and patient needs now and into the future. We'll establish workplace readiness by advancing knowledge, research and best practice.

To remain true to our commitment of providing quality care and service at all times, we'll work to provide environments that are safe and secure.

To make client and patient experiences even better, we'll seek out new and improved service delivery models.

In order to modify and adapt where necessary, we'll work to ensure performance measurement is a part of everything we do.

Actual Results

Throughout the year we implemented a complete organizational restructuring to better align programmatic requirements with the needs and realities of the new region. Restructuring focused on efforts to reassign expertise where required based on provincial and regional objectives, and efforts to identify and capitalize on human resource and financial efficiencies.

Promoting Primary Health Care

This includes the creation of a vice president primary care position. This position unites responsibility for primary care integration, mental health, public health, chronic disease prevention and First Nations and Métis health. These program areas operate uniquely with the beneficial application of collaboration via the primary care integration position that also reaches out into program areas beyond this portfolio.

Collaboration in Community Care

The vice president of community services and chief allied health officer position oversees home care, long-term care, palliative care, seniors housing and programs as well as all therapy programs (physio, occupational and speech). This unity of programs allows for better integration of care services especially for seniors, a demographic in the region that continues to grow and one that demands the lion's share of our health care resources.

Piloting Safe Work Procedures

In partnership with Worker's Compensation Board, Interlake-Eastern RHA is piloting a safe work procedure program for home care staff. The workplace for these employees is clients' homes which presents unique challenges to service delivery. A comprehensive list of safe work procedures is being developed and shared with staff through training. Objectives are lower employee injury rates and continued safe client care.

Physician Recruitment and Retention

Physician recruitment and retention in rural Manitoba is a historical hardship. The region has created a physician recruitment officer position to apply a holistic approach to transitioning physicians into new communities. This includes involving communities and foundations in helping physicians get established and organizing housing, schools, and other requirements to ensure a smooth and successful transition into communities and an enduring network of support. This position also oversees coordination of physician recruitment including the development, implementation and evaluation of the recruitment strategies for the region. This dedicated resource to physician needs has proven to be effective in generating greater physician affinity to RHAs and their communities. With this position and its integration into the human resources program and area and medicine portfolio, the RHA is tackling a longstanding need for physician care and incorporation into the region.



Minister Oswald opens Stonewall's new EMS station

The RHA hosted its first physician dinner as a gesture of appreciation and as a means of bringing physicians together for networking and team building. Through these meetings and with increased communication, the RHA is striving to establish a sense of community among physicians and to

reinforce commitment to the communities physicians serve.

Emergency Medical Services

Five different staff members from Interlake-Eastern RHA have participated in the Province's EMS Review, released in April 2013, and ongoing working groups. The Review was commissioned to provide guidance and direction facilitating development of a more integrated, responsive, reliable and sustainable system. This work involves collaboration across the province to develop an implementation plan for the 54 recommendations presented in the review.

Interlake-Eastern RHA paramedics, and those in many rural RHAs, will spend more time in transport caring for critically ill patients than urban paramedics as a direct result of the driving distance between rural acute care facilities. On occasion, doctor shortages in some rural communities require transport to facilities with a physician which may not necessarily be the nearest facility.

Six Interlake-Eastern RHA paramedics have voluntarily chosen to pursue additional training to advance their paramedic skills and increase their scope of practice as advanced care paramedics. In addition, four more

Interlake-Eastern RHA paramedics are participating in the two-year advanced care paramedic program offered through the Winnipeg Fire Paramedic Service.

Challenges

Attracting skilled medical professionals to practice in rural Manitoba is challenging, especially in facilities situated in the northernmost parts of the region. We find ourselves in a cycle where physicians who have completed their return of service obligations to the region leave to source work in urban centres, interrupting provision of consistent care. We are also cognizant that the demographic (55+) representing the greatest percentage of our workforce is entering retirement age. In some professions, rural RHA salaries through collective agreements are not comparable to those offered in Winnipeg so rural sites become staging areas for staff waiting for positions to open up in the city.

Interlake-Eastern RHA is proactively working to address longstanding issues associated with rural healthcare by focusing resources on known areas of contention that contribute to attrition. Management is making a concerted effort to drive decision making downward into the hands of those more directly involved with issues and more acutely aware of the direct ramifications that a course of action will bring. This frees managers to focus on big picture strategies to better align actions with

objectives and to monitor program performance. Succession management feeds into this approach as staff are given the opportunity to apply their managerial skills and have direct influence over their work environments. The opportunity to effect change is, for some, a factor that directly and positively influences job satisfaction.

We are starting dialogue among communities to help us identify rural centres of excellence – places where we know we can excel in health care service delivery and contribute to achieving objectives. At the same time, we recognize we need stakeholders' support in addressing systems or processes that are not functioning as intended and that require significant injections of resources to keep them functioning.

Interlake-Eastern RHA has continued offering an aboriginal recruitment program. Manitoba has one of the fastest growing and youngest Aboriginal populations in Canada. We estimate that 22 per cent of the region's population is Aboriginal. It is estimated that by 2020, one in four people entering the workforce will be an Aboriginal person. At this same point in time, we anticipate half of the RHA's workforce will have reached retirement age. Through our aboriginal recruitment program, we are starting to expose Aboriginal youth to the employment opportunities that healthcare offers.

2. Innovation, Learning and Growth

Dovetails with HEALTH SYSTEM INNOVATION in Provincial priorities and goals

Contributes to our VALUES of Innovation and Collaboration.

We embrace new ideas, explore opportunities, focus on innovation, and build and strengthen partnerships.

Areas of strategic focus include leading in the development of new models of care and service and developing an engaging culture of innovative and creative thinking.

We strive to partner with our communities to grow an even stronger network so we can ensure a vibrant and responsive health system. This system will be supported by a collaborative learning network across the region, within Manitoba and beyond our borders.

We'll evaluate and prioritize innovative ideas and embrace new, evidence-based ideas and turn them into practice. In all these efforts, we'll work today to conserve our environment for tomorrow.

Actual Results

Keeping the Region Running

With the merger of the former Interlake RHA and North Eastman Health Association, Interlake-Eastern RHA staff members were tasked with merging the systems used to manage finance, payroll/scheduling and materials management for the Interlake-Eastern RHA. Working with QHR, staff designed and developed one financial software solution and one payroll/scheduling solution for the region. Implementation efforts began in the current year to support the regional roll-out of region wide systems in fiscal year 2014.

Acute Care Adopts Allscripts in Western Sites

Interlake-Eastern RHA has 10 acute care sites and 16 long-term care sites over an area of 61,000 km². Standardizing health records across the region improves patient services and will prepare the region to access even greater efficiencies achieved at a provincial level.

The RHA has adopted, on its west side, the Allscripts software solution being used by many Winnipeg RHA sites to manage admissions, discharges, transfers and scheduling. The region worked with Manitoba eHealth on this \$3.1 million project, making Interlake-Eastern RHA the first rural region to move to the provincial solution. This better positions the RHA for access to more advanced clinical system tools in the future. Nursing, diagnostic, scheduling and health information staff all participated in training events. The region is now planning for full regional integration of Allscripts to the balance of its acute care sites.

Standardizing Pharmacy Processes

Installation of the BDM software system will be a significant step towards standardizing pharmacy information systems within the RHA and across the Province. BDM includes tools for inventory and purchasing management and reporting and documentation, moving the RHA closer to a paperless system. With this new software slated for roll-out in part of the region in early fiscal year 2014, the RHA can link with Winnipeg RHA hospitals and more easily share drugs across the province in times of shortages. Eventually Interlake-Eastern RHA will interface with electronic patient records through this system in pharmacy. The Interlake-Eastern RHA will be the first rural RHA to join with the Winnipeg RHA in this information technology initiative.

Purchasing Program Saves \$1 Million

The Interlake-Eastern RHA worked with Winnipeg RHA's logistics department, McKesson, the province's largest drug wholesaler, and HealthPro, Canada's healthcare group purchasing organization, to allow Manitoba hospitals to purchase medications under one facility account. This resulted in an estimated 10,000 less packages and 10,000 less paper purchase orders every year saving Manitoba hospitals a conservative \$1 to 1.8 million annually.

Southern Air Ambulance Program Takes Off

Interlake-Eastern RHA EMS staff members are managing an air transport service to citizens of southern Manitoba who have scheduled appointments in the Winnipeg RHA. The service picks up patients, transports them quickly and safely to appointments and returns the patients home. Patients spend less time in transit, paramedics experience less fatigue, fleet mileage is conserved and overall costs to the health care system are reduced.

Combining On-Call Improves Patient Care

A scenario where there are only two physicians working at a hospital isn't unrealistic in rural Manitoba. The on-call schedule in these scenarios can be difficult to manage when physicians are already attending to clients in clinic, in hospital and in long-term care. On-call schedules that are too demanding are a contentious issue among frustrated physicians. Interlake-Eastern RHA has started working with physicians to develop a pool of locum services to cover time away or to work in emergency rooms. Success with this program been seen in Pine Falls, Pinawa, Beausejour, Teulon and Gimli to date.

Normalizing Nurse Managed Care

On occasions when physicians aren't available for on-call schedules, a hospital emergency room will enter into nurse managed care. When patients arrive by their own accord at

an emergency room, they are triaged by a nurse. In a nurse managed care scenario, the nurse provides the required care, or makes arrangements for transfer to a facility with a doctor, or encourages the patient to return home and make an appointment to see a doctor (while advising what to do if the condition changes). In emergency instances involving transport by ambulance, EMS staff members proceed directly to the closest hospital where a physician is present.

The RHA is working with communities to challenge the entrenched standard that optimal care requires a physician to be on site. Across the country and the world, nurses have proven themselves instrumental in caring for emergency cases. The RHA is establishing consistent policies around nurse managed care and working with nurses and physicians to outline acceptable and expected standards of care under nurse managed care. The standard is requiring that an off-site physician be available by phone in the event that a nurse requires physician support.

Community Minded Approach

Interlake-Eastern RHA encourages communities to participate in health care decision making. Physician retention increases when physicians are embraced by a community and welcomed. A number of unique cost sharing and funding partnerships between the RHA and community groups have resulted in health care providers being recruited to the region. This level of community engagement is essential to ongoing recruitment efforts but at a broader scale.

Challenges

Existing infrastructure for technological applications is often not as robust rurally as it is in urban centres. As a result, implementing technological advances in the region requires greater financial and human resources than often anticipated. The region's information technology staff members work closely with

eHealth staff to identify realistic estimates when scoping projects.

The lack of telecommunications particularly in the northern remote part of the region makes information sharing with that part of the region's residents difficult and limited. These are typically residents who are experiencing health service disparities.

Recognizing that physician shortages are a reality, the RHA is embracing nurse managed care as a means of keeping emergency rooms open. The vast majority of people attending an emergency room do not require emergency care. In these instances, a nurse is the most appropriate health care provider.

The RHA is striving to move towards a model of service delivery that recognizes and supports the need for nurse managed care situations as part of viable, rural health care service delivery. Routinely scheduled nurse managed care provides the region with the opportunity to explore the injection of other health care professionals who can expand upon the services offered to patients at that time. This includes but isn't limited to nurse practitioners, emergency room nurses and advanced care paramedics.

The RHA is beginning to work with communities to establish health interest committees that have at least a district or regional focus as opposed to a community focus. In this way, the RHA can pool resources to address broader needs that will have greater benefits and longer lasting influence for all parties involved.

3. *Keeping it Going*

Dovetails with HEALTH SYSTEM SUSTAINABILITY in Provincial priorities and goals

Contributes to our MISSION and VALUE of quality customer service and our MISSION of delivering health services in a timely, reliable and accessible manner.

We will meet the needs of our clients and patients by sustaining our current levels of care and service delivery. We will choose wisely, have the courage to address challenges, focus on our priorities and take action to provide the best care possible.

We will encourage and implement transformational leadership to enable the organization to grow and develop work force talent and capabilities.

In addition, we're creating a new vision for the financial planning cycle and influencing change to support current provincial policy.

We're focusing on advancing our technological capacity and exploring new streams of revenue.

Our promotion of healthy, well balanced lifestyles and disease prevention will empower our residents to take control over their health.

Our Human Resources Plan will be comprehensive and forward-thinking.

Actual Results

Standardizing Brings Efficiencies

With the organization wide restructuring, support services has standardized menus across the region and implemented key changes in food ordering, housekeeping and administrative/quality control functions that are capitalizing on the opportunities that the merger afforded.

Material management has expanded courier services across the region and has worked with Diagnostic Services to achieve both financial and clinical efficiencies related to the transfer of laboratory specimens through the use of two LEAN projects – Blood on the Run (on the east side of Lake Winnipeg) and 50 Shades of Blood (on the west side of Lake Winnipeg). These two LEAN projects identified inefficiencies related to external contract courier services in relation to both transportation costs and secure cold chain procedures. By hiring a dedicated courier for lab samples, the RHA has improved sample travel times, preserved sample quality upon arrival for analysis and significantly reduced the amount of money paid to an external courier service. The project is delivering turnaround times and financial results above a six sigma level.

Adopting a Culture of Philanthropy

Recognizing the need to create new streams of revenue, the Board of Directors has indicated interest in pursuing the establishment of a regional health foundation to identify, undertake and financially manage specific fundraising campaigns. Further evaluation will occur with preparation of a staged internal and external campaign strategy that examines the development of a 'Culture of Philanthropy'.

Challenges

Like other RHAs, the region lacks the bed capacity to address the needs of all seniors awaiting placement in a personal care home. Until we associate appropriate levels of care with senior needs, we'll continue to direct

acute care resources to seniors awaiting placement. There is urgency to start addressing this issue now as trends indicate senior populations will continue to grow. The Interlake-Eastern RHA, containing cottage country, is a destination for retirees who move to their lakeside properties and who eventually begin increasing their use of medical services as a result of aging.

The RHA's strategy to address this trend is to offer primary health care resources as needed to support seniors to continue living in the community. Working with communities might afford new opportunities for seniors housing and possibly long-term beds. More appropriate options than acute care are required for individuals awaiting admission to long-term care facilities. Home care services are going to be essential in terms of supporting the continuum of care as people's demands intensify as will community based support services designed to keep seniors at home thereby conserving more expensive health care resources.

Upon a request from the Minister of Health's office, the RHA undertook a program review of home care. As a result of the review, training of 750 staff members on standardized program procedures will be complete by summer 2013. Issues with the software solution recently implemented to assist home care scheduling and payroll are being resolved. As a result of this review, region wide changes to palliative care and home care will be rolled out in fiscal year 2014.

Managerial staff struggle with delivering programs consistently and effectively across such a broad region. Travel time is considerable. A number of staff members have embraced telehealth as a means of communicating without having to travel. Interlake-Eastern RHA radiology staff members conduct regular grand rounds where cases are shared and discussed across our RHA and others. Other managers are using telehealth as a way to conduct regional meetings and maintain regular contact with staff.

4. Expanding Opportunities

Dovetails with IMPROVED ACCESS TO CARE in Provincial priorities and goals

Contributes to our MISSION of partnering with communities and delivering health services in a timely, reliable and accessible manner and our VALUES of Collaboration, Accessibility,

We welcome all people we serve with approachable, accessible and appropriate care and services by providing the right care, in the right place, and at the right time. We want to contribute to the vibrancy and health of the communities we serve.

We will strengthen and integrate new service delivery models to advance and enhance access to services and strive to lead the Province in the development of client-centered Primary Health Care services.

We will continue to build Physician Clinic capacity in tandem with, and integrated with, our Primary Health Care model.

Our Emergency Medical Service plan will be integrated with our other healthcare services.

To reduce the number of clients awaiting placement in hospital beds, we will reduce and better manage wait times for placement of clients into Long Term Care resulting in improved Acute Care capacity.

At the same time, we'll build capacity for our senior population to 'Age In Place' so they continue to live comfortably and safely for as long as possible in their homes, and have the choice to seek alternative supportive care.

In support of In Sixty, we're striving to improve the Cancer Patient Journey through faster diagnosis, referral, testing and treatment.

Recognizing the role of mental health in overall wellness, we'll work to meet the mental health needs of our communities.

Actual Results

Establishment of Regional Primary Care Portfolio

Recognizing the Province's commitment to implement a strategy to enhance the primary health care system and improve service delivery, Interlake-Eastern RHA has assigned a vice-president to a portfolio encompassing primary health care. Within this portfolio lie a regional director of primary health care integration and a regional manager of First Nations and Métis health.

The primary health care program staff members are identifying opportunities to establish primary health care networks in the region and, for the further benefit of clients, better integrate the services of health care providers in the region. Advanced Access has been adopted in six clinics in the region, with more targeted for training in the upcoming year.

The primary objectives of the regional manager of First Nations and Métis health are: develop an understanding of and awareness of Interlake-Eastern RHA services with Aboriginal communities; engage and develop relationships with Aboriginal communities and organizations throughout Interlake-Eastern RHA; and identify, develop and grow partnerships and linkages to enhance service delivery to Aboriginal populations.

With approximately 22 per cent of the region's population identified as Aboriginal and with community health assessment data confirming the disparities in health among Aboriginal and non Aboriginal populations, Interlake-Eastern RHA is aligning resources to

support Manitoba Health Priority 6. *Improving Health Status & Reducing Health Disparities Amongst Manitobans* and Priority 5. *Improved Service Delivery* specifically among these target audiences.



Staff members at Selkirk's QuickCare Clinic celebrate one year since opening

QuickCare Clinic Eases ER Wait Times

Since its opening in April 2012, the Selkirk QuickCare Clinic has proven to be an excellent alternative for people with non-emergency health care issues. The clinic's primary care nurses and nurse practitioners served just under 8,000 clients between April 2012 and May 2013 and are on track – with full staffing capacity expected by October 2013 – to serve over 11,000 clients for the same period in the current fiscal year. The clinic is an excellent alternative to those who would otherwise be waiting in emergency rooms or waiting for an appointment with a physician. For those without a primary care provider, the clinic is also serving as a connection point for attachment to local physicians.

Mental Health Services for the Elderly

According to recent community health assessments, the portion of the region's population represented by people over age 65 experienced the greatest increase in population. Mental health services for the elderly is a specialized component of the region's mental health program where care is

delivered to older individuals, and their families, experiencing mental health difficulties related to aging. The program has experienced considerable increase in service demands due in large part to the region's aging population and the complicated needs of this age group.

The central intake model, i.e. one point of entry for service delivery, has helped to qualify and manage referrals and let the team focus on open cases and provision of direct services. Those not qualifying for service are linked with other appropriate resources where available.

Creation of Allied Health & Community Services Portfolio

Interlake-Eastern RHA has merged the management of allied health services, that include occupational therapy, physiotherapy, audiology, speech-language pathology and spiritual care, under one portfolio in addition to community based services of long-term care, home care, palliative care, seniors programs and housing, and French language services. This merging of programs identifies where service gaps exist and provides for better access to integrated health care services.

French Language Services

The region has created a French Language Services Committee that is working on establishing a regional French Language Services plan.

Continuum of Care Strategy

The region has launched a long-term care strategy that builds upon program integration to keep seniors actively engaged in their

communities longer in an effort to postpone required access to long-term care facilities.

Within the region, improved management of the process to direct seniors to available long-term care facilities can contribute to reducing the number of seniors in acute care settings awaiting placement in personal care homes. The region's personal care home bed management policy emphasizes admission to personal care homes based on priority of need, availability of appropriate accommodation, veteran status and the clients' designated personal care home of choice. Implementing this policy involves identifying priority situations related to client safety, ability to maintain clients in the community and excessive pressures and high bed occupancy in the acute care settings. Successful implementation of the strategy requires increased communication and collaboration among personal care home, home care and acute care staff. At quarterly meetings in each personal care home, a priority list for admissions will be established.

Region Wide Enhanced Palliative Care Program

Working in collaboration with community partners and volunteers, Interlake-Eastern RHA has formulated its strategy for consistent palliative care services across the region. The program will see the introduction of two nurses specialized in palliative care, a palliative care psycho-social worker and a volunteer coordinator to support and develop this aspect of the program. These services will be integrated with long term care, acute care, spiritual care and home care programs to ease any required transition.

Keeping Seniors in Communities Longer

The region's adult day program gives seniors the opportunity to socialize and participate in recreation activities and maintain healthy living in the community while, at the same time, providing respite to caregivers. Sixteen adult day programs are active in the region.

Funding for these programs has just been enhanced to increase staffing levels and ensure continuity in program service provision.

Wildlands Program Expands EMS Service

Twenty EMS staff members are being trained in preparation for the introduction of an off-road amphibious emergency response vehicle into the region. Forty per cent of the province's parks are located in the Interlake-Eastern RHA. The magnitude of outdoor adventure seeking residents and visitors as well as the potential for spring flooding in the region necessitates a vehicle that will provide access to areas not navigable by standard EMS vehicles.

Enhanced Cancer Services

The province has announced that Selkirk will be among four new Cancer Hubs established to better co-ordinate testing, referrals, diagnosis and treatment for rural Manitobans. These services will complement existing community cancer programs in Gimli, Selkirk and Pinawa that have proven to be effective in delivering quality care closer to home. In addition, the region has started identifying the resource alignment required to contribute to the Province's *Transforming the Cancer Patient Journey* and meet the objectives outlined under the In Sixty initiative to shorten the entire cancer patient journey from first suspicion to treatment in 60 days or less.

Releasing Time to Care

This LEAN program that focuses on helping nurses spend more time bedside with patients is now being implemented in Selkirk and Beausejour. The program involves staff in identifying opportunities where focus can be redirected towards patient care without jeopardizing other essential work requirements. It has been proven to improve staff morale as nurses ultimately get to do what they were trained to do – focus on patient care.

Challenges

While we strive to adhere to the primary health care philosophy of the right care in the right place at the right time, not always do we have the resources required to make this delivery seamless. A lack of health care providers will result in people accessing health care services where they are available, like an emergency room, as opposed to a clinic where they should be going. But if no physician or nurse practitioner is available in the clinic, people will seek treatment where they can access it. Where we've implemented primary health care philosophies, we are working with all health care providers in the community and beyond to identify a variety of care options. This includes promotion of the region's QuickCare clinic along with HealthLinks to help people better align health care services with their needs.

While our Continuum of Care strategy will work to improve acute care capacity, the region doesn't have enough long-term beds to address the requirements so the demand will remain. More community groups are recognizing this need as part of their desire to build communities that provide for care and community presence through all life stages.

In Sixty is forcing the region to begin developing an internal physician referral network so that all elements of a patient's cancer journey are within our control and management where possible. It's an opportunity for the region to begin establishing Selkirk as the regional hospital where significant expertise exists to offer a comparable alternative to Winnipeg based specialists.

5. The Best We Can Be

Dovetails with IMPROVED SERVICE DELIVERY in the Provincial priorities and goals

Contributes to our MISSION of Engaged and empowered staff and Quality Customer Service and our VALUES of Accessibility, Excellence and Respect

Each healthcare experience is as unique as the person being cared for. We will deliver quality and safe care by doing it right and doing it well through a person-centered experience. We will be accountable for using human and financial resources wisely.

We're creating a workplace culture for all staff to be as healthy as possible, engaged in their work, and fulfilled by achieving our organizational goals.

It's our goal to be an organization that is truly the provider of 'excellent' customer service.

Through exceptional care and service that exceeds expectations and that is consistent with best practices, we're transforming the client and patient experience. This means we'll integrate a culture of client safety into all that we do and that we'll be transparent and accountable to the public by regularly looking at indicators and milestones to gauge how we are doing.

We will take care of our buildings through good maintenance and, when required, undertake new construction so we are adequately prepared for the future. In the event that an emergency disaster should occur, we plan to be ready.

Actual Results

Ensuring Adherence to Standards of Care in Personal Care Homes

The region's long term care leadership team, comprised of leaders and managers from the 16 regional personal care homes as well as representation from First Nation personal

care homes, meets regularly to discuss and develop standardized evidenced based practices, policies and collaborative approaches within the personal care home program. This team works towards ensuring that Manitoba Health's personal care home standards of care are met and that residents and their families are confident and fully satisfied with the care provided in the region's personal care homes.

Introducing Medication Administration Systems

Personal care homes in the region are transitioning pharmacy practices to medication administration systems that are a recognized best practice. A strip multi-dose medication system promotes accuracy and efficiency of medication administration. Other benefits include reduced staff time in administering medications, increased accountability, reduction in errors and reduced waste, resulting in reduced overall cost. Each personal care home will conduct a quarterly Pharmacy and Therapeutics Committee meeting including the pharmacist, physician and personal care home staff to ensure Manitoba Health standards in pharmacy and medication administration practices are met.

Establishing a Dedicated Disaster Management Program

Under its EMS portfolio, Interlake-Eastern RHA has created a disaster management program that encompasses all of the RHA's programs and services and incorporates external stakeholder as well, including local, regional and provincial governments, First Nations communities and other RHAs. This

overarching approach ensures RHA communications and processes in the time of emergencies are guided, consistent and appropriate.

Employee Wellness

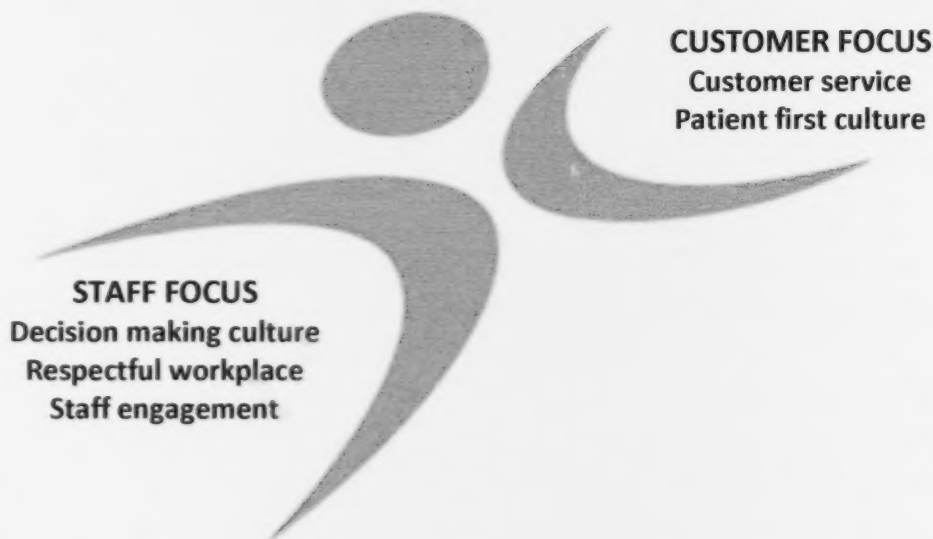
We prepared for roll out in fiscal year 2014 an enhanced employee incentive program that provides staff with discounts from businesses in the region and Winnipeg. Staff members were recognized publicly through a region wide advertising campaign that thanked them for delivering health care seemingly with ease throughout the merger process. As part of strategic planning for the region, a goal

regarding the establishment of a regional culture has been established and shared with regional management. This goal will make its way into the workplace through an employee communication plan.

Challenges

Changing lifestyles is most effective when individuals are motivated to change. We're working to identify these motivators and to provide appropriate methods of recognition that may differ among individuals and facilities in the region.

IMAGINE • CREATE • COLLABORATE



The nucleus of Interlake-Eastern RHA's Culture Creation

6. *Getting Better, Staying Healthy*

Dovetails with IMPROVING HEALTH STATUS & REDUCING HEALTH DISPARITIES AMONGST MANITOBBANS in the Provincial priorities and goals

Contributes to our MISSION of Partnership and our VALUES of Collaboration, Accessibility and Respect

Challenges related to education, income, culture, and social factors can make it harder to stay healthy. It is important to us to work with everyone to improve their health. We plan to do this through strong partnerships and by working together to find new ways to improve the health and well-being of everyone we serve. We will create a legacy of health and wellness for generations to come.

We will be advocates for Healthy Public Policy and will connect with our communities to listen and learn about their health needs and work together to meet those needs.

We'll build strong partnerships with First Nations and Métis Communities, regional business and economic development sectors, and regional education and social services organizations to further develop and promote health and well-being for all communities.

Our strong leadership will develop innovative Public Health Programming based on needs assessments and other evidence.

Addressing the needs of our communities will mean expanding our Chronic Disease Management Program.

Actual Results

Establishing Connections with First Nations Communities

The initial primary functions of the manager of First Nations and Métis health is to establish connections with Aboriginal communities, identify resources available within communities as well as those available

externally through the RHA and other stakeholders, and to develop networks of communication so that identified health care needs can be better met with resources available.

In support of these objectives, the RHA hosted its first conference that specifically targeted Aboriginal communities and organizations. The two day event profiled services and resources available to increase recreational opportunities, improve community and individual wellness and increase positive mental health through awareness and prevention of suicide. Approximately 130 representatives from more than 27 different aboriginal communities and organizations attended

Towards Flourishing – Promoting Parents' Mental Wellbeing

The Families First home visiting program operates under the region's public health program. This program targets families identified as requiring additional supports to ensure optimal child health and development. A complementary program to Families First, called Towards Flourishing, has been piloted in target areas of the region to promote the mental well-being of parents and their families. Emotional distress in the perinatal period has been deemed a public health concern because it is highly prevalent and it is believed to adversely affect child development. Results from Manitoba's universal screening at birth suggest that 11 to 14 per cent of women experience some degree of post-natal depression or anxiety.

Towards Flourishing focuses on enhancing positive mental health as well as reducing

mental illness and distress. The strategy behind the program includes building mental health promotion capacity within the public health workforce, enhancing access to existing resources, and educating target families about simple and practical activities that have been proven to be effective in improving mental health and wellness. With the trial period concluding in fall 2014, the public health program is working on implementing a tool for public health staff to screen the mental health status of new mothers and determine families that will benefit from additional support.

Challenges

Community Health Surveys identify that Aboriginal communities generally have higher risk factors contributing to chronic disease. The relationships we can develop with aboriginal communities will determine the extent to which we are able to partner and capitalize upon existing resources to constructively address the lifestyle choices that contribute to the incidence of chronic disease.



The Bridging the Waters Conference was a joint effort among Interlake-Eastern RHA staff and Aboriginal communities within the region.

Risk Management

Dedicated Disaster Management

A realignment of EMS resources within Interlake-Eastern RHA has seen the creation of a team dedicated to disaster management. Residents of the Interlake-Eastern RHA, that incorporates the Province's biggest lakes, have struggled with significant recurrent flooding. We have comfort in knowing this team will help residents and staff alike better prepare for and respond to flooding and other disasters that can arise in the region.

Quality and Risk

The quality and risk portfolio supports health care providers and leaders in providing safe, quality care to patients and clients receiving services across the continuum of care. They have responsibility for developing and implementing the overall quality framework for the region. This includes a patient safety strategy and risk management system.

The quality framework coordinates quality monitoring and reporting of information to continuously improve patient care. This includes the monitoring of key indicators that provide meaningful data to programs and services and participation in the accreditation process with Accreditation Canada. The patient safety strategy emphasizes the implementation of evidence informed practices to reduce preventable outcomes for patients. There is a focus on learning, improvement and the promotion of a culture of safety. The risk management system includes the assessment of risk and the adoption of appropriate mitigation strategies to promote a safe patient experience. This work is accomplished by partnering with programs and services to ensure compliance

with standards determined by Accreditation Canada, Manitoba Health and others.

The quality and risk portfolio is also responsible for the regional education and infection prevention and control teams. Education is critical in providing our staff with the knowledge and tools to provide safe, evidence based care to patients. The regional team coordinates education based on identified learning needs. They work closely with program educators within specific programs including acute care, long term care and home care.

The infection prevention and control team is responsible to implement and evaluate our regional program in accordance with federal and provincial regulations and standards. They provide leadership for the ongoing surveillance activities and the management of health care acquired infections and outbreaks. Patient and staff education are critical in promoting safety.

Patient satisfaction with RHA services is integral to achieving our mission. Feedback from patients and families on their care experience is obtained in a variety of ways. One method is through the compliments and complaints process. This can be in the form of a discussion, a written submission or an e-mail. The Interlake-Eastern RHA website offers all three options under 'About Us' and 'Compliments & Concerns'. Concerns are promptly acknowledged and investigated. Findings can provide opportunities for improvements throughout the health care system. Recommendations to resolve concerns are discussed and implemented in consultation with patients and families.

Capital Projects



Announcement of Lac du Bonnet's new Personal Care Home

Lac du Bonnet's new \$32 million personal care home was announced by the Premier in July 2012. This 80 bed, 62,000 ft² facility represents an increase of 50 beds over the current personal care home. The town and rural municipality of Lac du Bonnet, and the LGD of Pinawa are currently working on raising the community contribution for this project. A partnership team comprised of representatives from these communities and the Interlake-Eastern RHA CEO have also met with the town of Beausejour, and the rural municipalities of Brokenhead, Whitemouth and Reynolds to seek additional support towards the community contribution for this project. The RHA has not yet been able engage the rural municipality of Alexander in discussions and this RM has publicly reneged on its previous commitment to participate in the community contribution.

Selkirk General Hospital construction is being retendered to now accommodate a MRI machine. At 180,753 square feet, the new health centre will double the size of the existing hospital and will have a total of 65 beds, including 55 medical/surgical beds, six obstetrics beds and four special care beds. To improve patient comfort and privacy, more than 80 per cent of the rooms will be single-bed rooms, compared to 20 per cent in the existing hospital. The facility has been designed to facilitate expansions in the future to meet population growth and additional services that could be offered at the hospital.

Construction on **Pine Falls Primary Health and Traditional Healing Centre** is greatly anticipated. Tender documents are complete with a revised construction budget and approval to go the tender pending. Estimated to cost over \$9 million, this 62,000 ft² facility expansion will include an Aboriginal healing centre and will be built as an extension of the health complex to provide bright, modern facilities.

Health Considerations

Interlake-Eastern RHA's next accreditation will take place in 2015. We are successfully addressing outstanding Accreditation Canada requirements as part of the former North Eastman Health Association's reports and continued to work on four remaining requirements.

With the merger, we have begun compiling and evaluating staff wellness programs and staff recognition programs including long-term service recognition and events throughout the year. Updated programs will be launched in fiscal year 2014.

The Regional Health Authorities Act – Accountability Provisions

Sections 22 and 51

The employment contract of the Interlake-Eastern RHA CEO incorporates terms and conditions established by the Minister.

Section 23 (2c)

Interlake-Eastern RHA's strategic plan is posted on www.ierha.ca under "About Us", "Publications & Reports".

Sections 23.1 and 54

The most recent accreditation reports from the two former regions comprising the Interlake-Eastern RHA are posted on www.ierha.ca under "About Us", "Publications & Reports". These reports will be updated as they become available in 2014.

Sections 51.4 and 51.5

The Interlake-Eastern RHA Board of Directors have noted in their Policies the hiring restrictions noted in the Act.

The Public Interest Disclosure – Bill 34 (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

Employees of the Interlake-Eastern Regional Health Authority have a clear process for disclosing concerns of significant and serious matters. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in the health authority annual report in accordance with Section 18 of the Act. During April 1st, 2013 to March 31st, 2013 no disclosures were identified or reportable.

As per subsection 18 (2a): The number of disclosures received, and the number acted on and not acted on need to be reported.

Zero disclosures were received.

As per subsection 18 (2b): The number of investigations commenced as a result of a disclosure must be reported.

Nil.

As per subsection 18 (2c): In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken must be reported.

Nil.



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Report of the Independent Auditor on the Condensed Financial Statements

To the Board of Directors of INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY:

The accompanying condensed financial statements, which comprise the condensed statement of financial position as at March 31, 2013, and the condensed statement of operations and schedule of expenditures by type for the year then ended, are derived from the audited financial statements of Interlake-Eastern Regional Health Authority for the year ended March 31, 2013. We expressed an unmodified audit opinion on those financial statements in our report dated June 20, 2013.

The condensed financial statements do not contain all the statements and disclosures required by Canadian public sector accounting standards. Reading the condensed financial statements, therefore, is not a substitute for reading the audited financial statements of Interlake-Eastern Regional Health Authority.

Management's Responsibility for the Condensed Financial Statements

Management is responsible for the preparation of condensed audited financial statements on the basis described in Note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on the condensed financial statements based on our procedures, which were conducted in accordance with Canadian Audit Standard (CAS) 810, 'Engagements to Report on Summary Financial Statements'.

Opinion

In our opinion, the condensed financial statements derived from the audited financial statements of Interlake-Eastern Regional Health Authority for the year ended March 31, 2013 are a fair summary of those financial statements, on the basis described in Note 1.

Chartered Accountants

Winnipeg, Manitoba
June 20, 2013

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INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY
Condensed Statement of Financial Position

	March 31 2013	March 31 2012 (unaudited)	April 1 2011 (unaudited)
Assets			
Current Assets			
Cash and term deposits	\$ 17,896,925	\$ 13,879,438	\$ 4,826,011
Accounts receivable	3,470,901	3,071,060	2,948,678
Due from Manitoba Health	2,472,631	2,256,971	7,586,879
Inventories	853,259	1,494,138	1,531,193
Prepaid expense	500,439	500,915	688,893
Vacation entitlements receivable	5,484,424	5,484,424	5,484,424
	30,678,579	26,686,946	23,066,078
Retirement obligations receivable	5,912,865	5,912,865	5,912,865
Other assets	158,217	119,087	97,017
Capital assets	93,831,741	92,058,679	81,300,392
	\$ 130,581,402	\$ 124,777,577	\$110,376,352
Liabilities and Net Assets			
Current Liabilities			
Accounts payable and accrued liabilities	\$ 9,017,740	\$ 10,709,689	\$ 9,763,122
Accrued vacation entitlements	8,588,569	8,228,438	7,884,094
Current portion of long-term debt	167,529	157,669	150,656
	17,773,838	19,095,796	17,797,872
Accrued retirement obligations	13,754,604	13,023,112	12,632,748
Sick leave liability	3,393,169	3,284,417	3,284,417
Long-term debt	944,971	1,114,111	1,271,780
Deferred Contributions			
Expenses of future periods	4,093,815	4,676,062	3,908,327
Capital assets	88,425,122	87,130,430	76,018,927
	92,518,937	91,806,492	79,927,254
Commitments and contingencies			
Net Assets			
Investment in capital assets	4,294,119	3,656,469	3,859,029
Externally restricted	625,942	922,080	937,175
Internally restricted	131,404	148,211	160,334
Unrestricted - RHA	(2,864,890)	(8,255,498)	(9,630,141)
Unrestricted - Contract Facilities	9,308	(17,613)	135,884
	2,195,883	(3,546,351)	(4,537,719)
	\$ 130,581,402	\$ 124,777,577	\$110,376,352

INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

Condensed Statement of Operations

For the year ended March 31	2013	2012
		(unaudited)
Revenue		
Province of Manitoba		
Health	\$ 187,505,762	\$ 176,994,891
Other	380,709	705,068
Client Non-Insured	10,530,352	10,294,602
Interest	244,243	135,355
Offset and other income	6,516,726	7,548,045
Ancillary income	396,856	404,231
Amortization of deferred contributions	6,456,500	5,821,256
	<u>212,031,148</u>	<u>201,903,448</u>
Expenditures		
Acute care services	52,309,051	50,870,051
Amortization of capital assets	6,462,471	5,890,655
Chemotherapy	376,159	364,705
Community health	15,562,277	14,387,727
Home based care	27,483,890	26,080,531
Diagnostic services	12,018,680	12,419,522
Dialysis	3,115,338	2,634,239
Emergency response and transport	15,346,934	12,686,741
Long-term care services	46,526,038	45,430,730
Mental health services	7,698,663	7,418,049
Medical remuneration	12,376,349	12,697,827
Nurse recruitment and retention	102,216	163,621
Northern patient transportation program	198,762	207,114
Regional undistributed expenditures	10,064,919	9,373,556
Safety and renovations	544,058	244,512
	<u>210,185,805</u>	<u>200,869,580</u>
Excess of revenue		
over expenditures for the year	\$ 1,845,343	\$ 1,033,868
Allocated as follows		
Regional services	\$ 1,818,422	\$ 1,188,759
Contracted services	26,921	(154,891)
	<u>\$ 1,845,343</u>	<u>\$ 1,033,868</u>

INTERLAKE-EASTERN REGIONAL HEALTH AUTHORITY

Schedule of Expenditures by Type

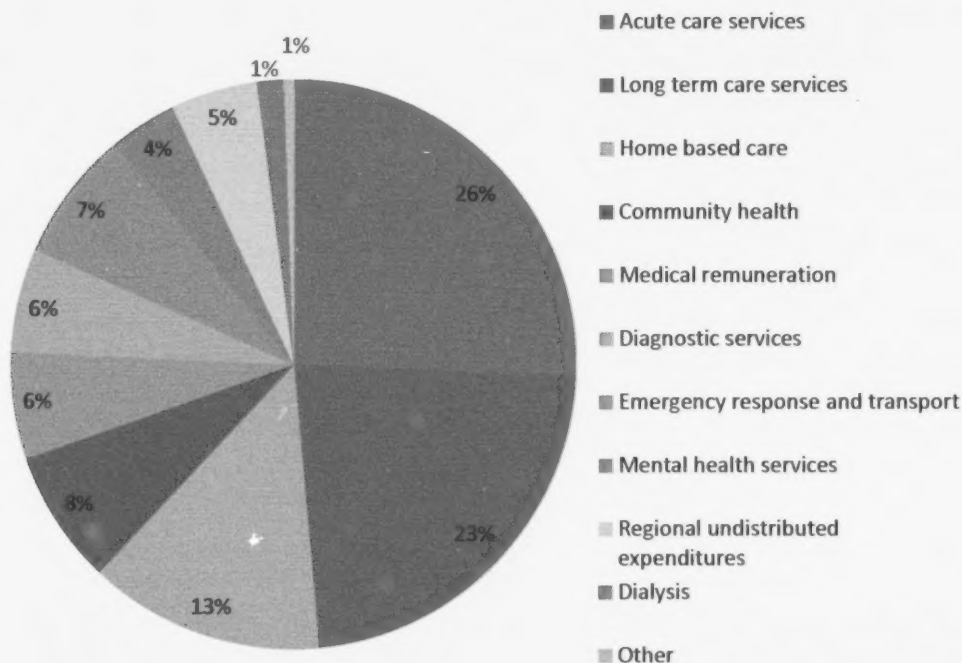
For the year ended March 31	2013	2012
Salaries and Benefits		
Salaries - registered nurses	\$ 27,281,508	\$ 25,437,327
Salaries - licensed practical nurses	9,568,669	9,323,674
Salaries - health care aides	26,207,840	25,126,522
Salaries - other	54,895,807	49,444,117
Benefits	20,531,229	20,758,338
Purchased services	3,842,326	3,840,918
Health and education tax	2,434,243	2,350,365
Total salaries and benefits	144,761,622	136,281,261
Supplies		
Other supplies	7,463,526	7,697,261
Medical and surgical supplies	3,951,014	3,877,585
Drugs and medical gases	3,314,922	3,049,846
Utilities	2,241,852	2,153,324
Total supplies	16,971,314	16,778,016
Other Expenditures		
Purchased services	15,507,492	15,313,520
Medical remuneration	12,225,344	12,483,445
Other expenses	9,424,061	8,881,297
Amortization	6,528,616	5,890,655
Staff travel	3,491,624	3,216,858
Contracted health facilities	332,221	359,104
Safety and security	544,058	266,514
Client travel	359,641	1,352,671
Interest	39,812	46,239
Total other expenditures	48,452,869	47,810,303
Total expenditures	\$ 210,185,805	\$ 200,869,580

Note 1.

Management is responsible for the preparation of the condensed financial statements. The statements presented include only the condensed statement of financial position, condensed statement of operations and the schedule of expenditures by type. They do not include the consolidated statement of changes in net assets, the consolidated statement of cash flows and notes to the consolidated financial statements.

Copies of the March 31, 2013 audited financial statements and Schedule of Compensation may be obtained from the Interlake-Eastern Regional Health Authority by calling 1-877-753-2012 or 1-888-488-2299. A complete set of financial statements are posted on the Interlake-Eastern RHA website at www.ierha.ca under "About us" and "Publications and Reports".

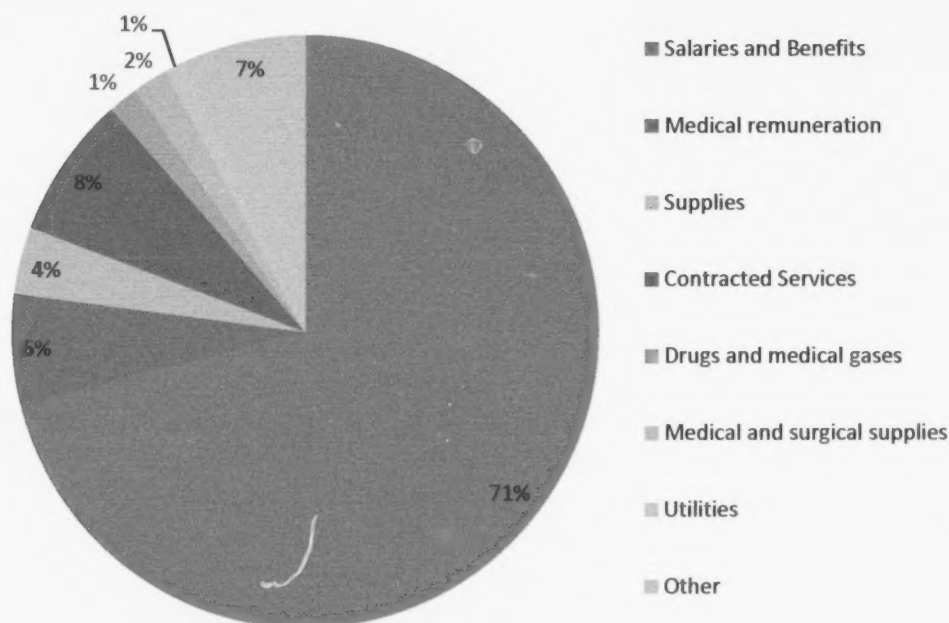
Expenditures by Program



Expenditures by Program

	2013	2012
Acute Care Services	\$ 52,309,051	\$ 50,870,051
Long Term Care Services	46,526,038	45,430,730
Home Based Care	27,483,890	26,080,531
Community Health	15,562,277	14,387,727
Medical Remuneration	12,376,349	12,697,827
Diagnostic Services	12,018,680	12,419,522
Emergency Response and Transport	15,346,934	12,686,741
Mental Health Services	7,698,663	7,418,049
Regional Undistributed Expenditures	10,064,919	9,373,556
Dialysis	3,115,338	2,634,239
Other	1,221,195	979,952
Total expenditures before amortization	\$ 203,723,334	\$ 194,978,925
Amortization of capital assets	6,462,471	5,890,655
Total expenditures	\$210,185,805	\$ 200,869,580

Expenditures by Type



Expenditures by Type

	2013	2012
Salaries and Benefits	\$ 144,761,622	\$ 136,281,261
Medical Remuneration	12,225,344	12,483,445
Supplies	7,463,526	7,697,261
Contracted Services	15,839,713	15,672,624
Drugs and Medical Gases	3,314,922	3,049,846
Medical and Surgical Supplies	3,951,014	3,877,585
Utilities	2,241,852	2,153,324
Other	13,859,196	13,763,579
Total expenditures before amortization	\$ 203,657,189	\$ 194,978,925
Amortization of capital assets	6,528,616	5,890,655
Total expenditures	\$210,185,805	\$ 200,869,580

	2013	2012 (Restated)
Administrative cost (% of total):		
Corporate Operations	3.8%	3.7%
Patient Care Related Functions	0.4%	0.3%
Human Resources and Recruitment Functions	1.3%	1.3%
Total administration %	5.5%	5.3%

What Lies Ahead?

Our strategic plan will guide the RHA over the next four years.

Fiscal year 2014 will prove to be a challenging year as the RHA is maturing to where we'll be able to recognize where changes are required to meet our goals and objectives. We will provide our residents with even more opportunities to be heard through public consultation efforts that include establishing Local Health Involvement Groups and opportunities for online participation.

A key challenge in the Interlake-Eastern RHA is the absence of larger physician practice groups resulting in negotiations to evolve and expand physician-based services being especially complex and time consuming. Physician communication and cooperation will be a focus as we come closer to the day when our new regional hospital in Selkirk will open. Now is the time to start educating physicians about the extent of expertise in the region and how to access it. We need to grow physician interest in identifying a cadre of regional partners rather than isolated individual physician practices scattered across a wide geography. We are growing a new relationship with our regional physicians through a three-pronged plan. First we are building 'on-call physician networks' on each side of Lake Winnipeg to better support nurse managed care situations at our hospitals and to expand physician on-call rota so that doctors can achieve a better work-life balance. Second, the CEO and the vice president of medical services are hosting three physician dinners annually. These gatherings operate within the 'Chatham House Rule' where discussion remains confidential and this provides an opportunity for frank dialogue between the RHA and the physicians practicing in our region. Third, the RHA has established patient visit numbers expectations in all new physician contracts.

Currently many contract physicians in the region are seeing low volumes of patient visits per day and the RHA has set a minimum target of 20 primary health care visits per day to help close the gap between the number of patients being seen by fee-for-service doctors and contract doctors.

We will move forward on plans to address care for seniors – especially those awaiting placement in our hospitals for a bed in a personal care home. We plan to approach this through a four-pronged strategy.

First, we are expanding and strengthening our home care program through better nursing oversight of home care workers and by emphasizing opportunities for block care for seniors living in multiple housing facilities such as apartment complexes, supportive housing facilities, and private assisted living sites. Expanding block care will allow us to focus fewer home care workers on these sites to free up home care worker hours to visit seniors still living independently more often to increase the likelihood of keeping them in their homes.

Second, the long term care program is working with community stakeholders to explore opportunities to create more and more varied seniors' housing options in our communities. This complements our block care expansion plan and also creates synergies with local foundations, governments and others to play a more active role in the development of solutions for seniors' healthcare.

Third, we will explore opportunities to redirect acute care resources into establishing a paramedic-based healthy home program targeted at seniors. Our intent is to build on models developed in Ontario and Great Britain to create a pilot team of paramedics

who will play a primary care role targeted at keeping seniors still living independently and who are high users of our acute care system out of emergency departments through regular home visits to support medication compliance, take vital signs, assess chronic health conditions, and connect proactively with EMS response as required. Examples of this approach in eastern Ontario and in Great Britain have demonstrated significant reduction in pressures on small rural hospital emergency departments and emergency transport calls.

Finally, we have created clear and transparent home care access guidelines for temporary summer residents in our region that prioritizes permanent resident need over temporary resident need.

In order to meet the acute care demands facing our region it is our objective to keep the new Selkirk and District General Hospital beds reserved for acute care patients only with very minimal and very temporary use related to seniors awaiting placement for personal care home beds. We recognize that it will be challenging to meet this objective but with Selkirk having our region's only general hospital it is imperative that we maintain this site as our region's acute care centre of excellence in order to meet the acute pressures of all of our regional acute facilities and to minimize the transfer of acute patients from our region to the over-burdened Winnipeg system.



Compliments, Concerns & Questions

Call us at 1-855-999-4742 to share your compliments and concerns. You can also communicate with us online at www.ierha.ca, click on "About us" and "Compliments & Concerns".

Community Wellness Team

A complete listing of community wellness programs can be found at www.ierha.ca under "Care in Your Community" and "Wellness & Chronic Disease Education". Email wellness@ierha.ca or call 1-877-979-9355 (WELL) for programs available in or near your community.

Hospitals

Arborg & District Health Centre 234 Gislason Drive 204-376-2781	Beausejour Hospital 151 First Street South 204-268-1076	Pinawa Hospital 30 Vanier Drive 204-753-2334	Stonewall & District Health Centre 589-3rd Avenue South 204-467-5514
Ashern - Lakeshore General Hospital 1 Steenson Drive 204-768-2461	Eriksdale-E.M. Crowe Memorial Hospital 40 Railway Avenue 204-739-2777	Pine Falls Hospital 37 Maple Street 204-367-4441	Teulon-Hunter Memorial Hospital 162-3rd Avenue SE 204-886-2433
	Gimli-Johnson Memorial Hospital 120-6th Avenue 204-642-5116	Selkirk & District General Hospital 100 Easton Drive 204-482-5800	

Community Health Offices & Primary Health Care Centres

Arborg 317 River Road 204-376-5559	Fisher Branch 7 Chalet Drive 204-372-8703	Oakbank 689 Main Street 204-444-2227	Selkirk 202-237 Manitoba Ave. 204-785-7702
Ashern 43 Railway Avenue 204-768-2585	Gimli 120-6th Avenue 204-642-4587	Pinawa 30 Vanier Drive 204-753-2334	St. Laurent 1 Parish Lane 204-646-2504
Beausejour 151 First Street South 204-268-4966	Lac du Bonnet 89 McIntosh Street 204-345-8647	Pine Falls 37 Maple Street 204-367-4441	Stonewall 589-3rd Avenue South 204-467-4400
Eriksdale 35 Railway Avenue 204-739-4455	Lundar 97-1st Street South 204-762-5469	Riverton 68 Main Street 204-378-2460	Teulon 3rd Avenue SE 204-886-4068
			Whitemouth 75 Hospital Street 204-348-7191

Long Term Care Facilities

Arborg PCH 233 St. Phillips Drive Phone: (204) 376-5226	Fisher Branch PCH 7 Chalet Drive Phone: 204-372-8703	Oakbank - Kin Place PCH 680 Pine Drive Phone: 204-444-2004	Selkirk - Tudor House 800 Manitoba Avenue Phone: 204-482-6601
Beausejour- East-Gate Lodge 646 James Avenue Phone: 204-268-1029	Gimli - Betel PCH 96 1 st Ave. Phone: 204-642-5556	Pine Falls - Sunnywood Manor PCH 37 Maple Street Phone: 204-367-8201	Stonewall-Rosewood Lodge PCH 513 1st. Ave. North Phone: 204-467-5257
Ashern PCH 1 Steenson Drive Phone: (204)768-5216	Lac du Bonnet PCH 75 McIntosh Street Phone: 204-345-1222	Selkirk - Betel PCH 212 Manchester Phone: 204-482-5469	Teulon - Goodwin Lodge PCH 162 3rd. Ave. SE Phone: 204-886-2108
Eriksdale PCH 40 Railway Avenue Phone: 204-739-4416	Lundar PCH 97 - 1st Street South Phone: 204-762-5663	Selkirk - Red River Place 133 Manchester Avenue Phone: 204-482-3036	Whitemouth District Health Centre PCH 75 Hospital Street Phone: 204-348-7191

This report is also available in French.
Ce rapport est également disponible en français.

Veuillez vous adresser à la Office régional de la santé d'Entre-les-Lacs et de l'Est :
589, 3^e Avenue Sud, Stonewall (Manitoba) R0C 2Z0
Tél. : 1-888-488-2299 Téléc. : (204) 467-4750
ou
24. ave. Aberdeen, Boîte postale 338, Pinawa (Manitoba) R0E 1L0
Tél. : 1-877-753-2012 Téléc. : (204) 753-2015

Corporate Offices

Pinawa	Stonewall	Selkirk
24 Aberdeen Avenue, Box 339	589-3 rd Avenue South	100 Easton Drive, Box 5000
Pinawa, Manitoba, R0E 1L0	Stonewall, Manitoba, R0C 2Z0	Selkirk, Manitoba, R1A 2M2
Phone: 1-204-753-2012	Phone: 1-204-467-4742	Phone: 1-204-482-5800
Fax: 1-204-753-2015	Fax: 1-204-467-4750	Fax: 1-204-785-9113
Toll Free: 1-877-753-2012	Toll Free: 1-888-488-2299	Toll Free: 1-888-488-2299

Website: www.ierha.ca

Email: info@ierha.ca



Interlake-Eastern
Regional Health Authority

Office régional de la santé
d'Entre-les-Lacs et de l'Est